## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 10, 2008 08:00 A **DOCUMENT # P04000050377** Secretary of State 1. Entity Name ARREGUIN TRUCKING, INC. Principal Place of Business Mailing Address 300 COUNTY RD. 17-A SOUTH 300 COUNTY RD. 17-A SOUTH AVON PARK FL 33825 AVON PARK FL 33825 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-0889290 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARREGUIN, JOSE L Street Address (P.O. Box Number is Not Acceptable) 300 COUNTY RD. 17-A SOUTH **AVON PARK FL 33825** City Zin Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or crimed name of registered agent and title if unplication (NOTE: Registered Agont a grature required when reintrating) DATE: FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete H00000853527 NAME ARREGUIN, JOSE L NAME 03/26/08-80073-021 150.00 STREET ADDRESS 300 COUNTY RD, 17-A SOUTH STREET ADDRESS CITY-ST-ZIP AVON PARK FL 33825 CITY-ST-7IP TITLE Derete ΠΠΕ ☐ Change Addition NAME GONZALEZ, MARICELA NAME STREET ADDRESS 300 CONUTY RD. 17-A SOUTH STREET ADDRESS 0177-31-712 AVON PARK FL 33825 CITY ST-7IP TITLE De:ete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP TITLE Deiete TITLE ☐ Change Addition DAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2iP CHY-ST-ZIP TITLE Delete TITLE Change Addition HAME NAME STRECT ADDRESS STREE! ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-06-08

863-452-1932

Dayt JK- Hubliu

FILED